

**DIVISION OF FIRE SAFETY**www.vtfiresafety.org

Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team

Boiler/Fired Pressure Vessel/Unfired Pressure Vessel – Report of Inspection**Barre Regional Office**

1311 US RTE 302, Suite 500

Barre, VT 05641

Phone: (802) 479-4434

Fax: (802) 479-4446

Rutland Regional Office

56 Howe Street, Building A, Ste 200

Rutland, VT 05701

Phone: (802) 786-5867

Fax: (802) 786-5872

Springfield Regional Office

100 Mineral Street, Suite 307

Springfield, VT 05156-3168

Phone: (802) 885-8883

Fax: (802) 885-8885

Williston Regional Office

372 Hurricane Lane, Suite 102

Williston, VT 05496

Phone: (802) 879-2300

Fax: (802) 879-2312

Standard Form for States Operating Under the ASME Code

Date Inspected	Owner or Battery No.	State or City No.	National Board. Or Standard and No.	Manufacturer's or Shop No.
USER-OWNER (if user is not the owner, give names and addresses of both user and owner. If ownership has changed, give name on posted certificate)				Nature of Business (Store, laundry, etc.)
ADDRESS (NO.) (STREET) (CITY) (STATE) ZIP CODE				
LOCATION OF OBJECT (NO.) (STREET) (CITY) (STATE) ZIP CODE				
KIND OF INSPECTION INT EXT	CERTIFICATE INSP. YES NO	TYPE OF OBJECT (H. T, V. T, W.T, C.I., Tank, Kettle, etc.)		MADE BY
YEAR BUILT				
FUEL USED (Coal, Oil, Gas, Pulv., etc.) (not change if any)		METHOD OF FIRING (Hand, Stoker, Automatic Burner, etc.)		
USED FOR (Power, Heat, Process, etc.)		Pressure Gage Tested YES NO	HYDRO TEST Yes PSI Date: No	
PRESSURE ALLOWED (This Inspection) (Previous Inspection)		EXPLAIN IF PRESSURE CHANGED		FACTOR OF SAFETY
CURRENT CERTIFICATE POSTED YES NO	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? (If No, Explain fully under conditions) YES NO			
CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gauge, water column, gauge glass, gauge cocks, safety valves, etc. Report condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.				
REQUIREMENTS: (LIST CODE VIOLATIONS):				
Name and Title of Person to Whom Requirements Were Explained:				
I hereby certify this is a true report of my inspection:		NB Commission number:		VT Commission number:
Signature of Commissioned Inspector		Employed by		Site Number